

# CITY OF DANVILLE MEALS TAX RETURN

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MONTH REPORTING \_\_\_\_\_

**NOTE:**

**RETURN FIRST & SECOND COPIES TO:**

**JAMES M. GILLIE**

**COMMISSIONER OF REVENUE**

**P.O. BOX 480 DANVILLE, VA 24543**



**NOTE: MAKE CHECK PAYABLE TO:**

**CITY OF DANVILLE, TAX DIVISION**

**(Check Must Accompany This Report)**

GROSS RECEIPTS	\$
ALLOWABLE DEDUCTIONS	\$
TOTAL	\$
TAX (4.5%)	\$
DISCOUNTS (3%)	\$
PENALTY FOR LATE FILING (10%)	\$
TOTAL TAX DUE	\$

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_